

Fill in this information to identify the case:

Debtor 1 International Heritage, Inc.

First Name Middle Name Last Name

Debtor 2

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of NORTH CAROLINA
(State)

Case number: 98-02675-5-DMW

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$683.29 and \$3.85
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group, As Assignee
Claimant's Current Mailing Address, Telephone Number, and Email Address:	289 S Highway 92 #14207, Sierra Vista AZ 85635 Phone 832-781-0620 help@claimtransfers.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
for the Eastern District of North Carolina
150 Fayetteville Street,
Suite 2100, Raleigh, NC 27601

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 8-9-21

Signature of Applicant

Benjamin D. Tarver

Printed Name of Applicant

Address: **289 S Highway 92 #14207
Sierra Vista, AZ 85635**

Telephone: **832-781-0620**

Email: **help@claimtransfers.com**

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization
STATE OF ARIZONA

COUNTY OF COCHISE

This Application for Unclaimed Funds, dated 8-9-21 was subscribed and sworn to before me this 9 day of AUGUST, 2021 by **Benjamin D. Tarver**

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public [Signature]

My commission expires: 11/12/21

6. Notarization
STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____



Form 1346

Application for Payment of Unclaimed Funds

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